



Michigan Department of Health & Human Services

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# How to Verify Associated and Authorized Billing Agents within a Provider's Enrollment Information

**“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”**

**-Provider Relations**

# Contents

- Purpose
- MILogin - Accessing CHAMPS
- Reviewing - CHAMPS Enrollment Information
  - Currently associated or authorized billing agent(s)
- Resources

# Purpose

- The purpose of this PowerPoint is to provide step by step instructions on how to verify provider enrollment information within CHAMPS including;
  - Review associated billing agents
  - Review if an associated billing agent is setup to receive the 835/Electronic Remittance Advice (ERA)
- For additional instructional aids please review:
  - [How to associate to a Billing Agent and Authorize the 835](#)
  - [How to assign the 835](#)
  - [CHAMPS Navigation](#)

# MILogin

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Accessing CHAMPS

# MI Login for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)


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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Enter your User ID and Password
- Click Login

## MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

### Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



**Michigan Department of Health & Human Services (MDHHS)**

**CHAMPS**



- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

*\*MILogin resource links are listed at the bottom of the page*

The screenshot shows the Michigan.gov website with a modal window titled "Terms & Conditions" for the CHAMPS system. The modal contains the following text:

**Terms & Conditions**  
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

At the bottom of the modal are two buttons: "CANCEL ✕" and "Acknowledge/Agree". A red arrow points to the "Acknowledge/Agree" button.

The background website shows the Michigan.gov logo, navigation links (HOME, REQUEST ACCESS, LOGOUT), and a password expiration notice.

- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS



THE UNIVERSITY OF THE STATE OF NEW YORK

Select Profile

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment

Go

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- Select Domain - Click on your organization name
- Select Profile – Select full access or provider enrollment
- Click - Go

# Reviewing

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CHAMPS Enrollment Information

**CHAMPS** My Inbox ▾ Provider ▾

Provider Portal

NPI: [REDACTED] Name: [REDACTED]

Latest updates

**System Notification**

Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 8th through 9:00 AM Sunday, October 9th, 2016. This outage will affect the CHAMPS system access for all functionality.

**MANAGE PROVIDER**

Manage Provider Information

**My Reminders**

Filter By [ ] [ ] [Go] [Save Filters] [My Filters ▾]

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				


**Calendar**

12:15 PM 27 February 2017 Monday

2017 February

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					
Today						

- Click the Provider tab
- Select the Manage Provider Information


My Inbox ▾
Provider ▾

Quick Find
Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal
Facility Modification BPW

NPI: 
Name:

Close
Undo Update

View/Update Provider Data - **FAO**

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/12/2015	01/28/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	04/22/2010	11/18/2008	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/12/2015	01/28/2015	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Required	01/01/1900	09/08/2015	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	11/18/2008	11/18/2008	Complete		
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/01/1900	03/28/2013	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	09/22/2016	12/10/2014	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	11/18/2008	11/18/2008	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	09/08/2015	09/08/2015	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	11/18/2008	11/18/2008	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/01/1900	12/10/2014	Complete		
<input type="checkbox"/> Step 12: Complete Modification Checklist	Required	09/22/2016	09/29/2016	Incomplete		
<input type="checkbox"/> Step 13: Submit Modification Request for Review	Required	09/22/2016	09/29/2016	Complete		

View Page: 
Go
Page Count
SaveToXLS

Viewing Page: 1

First
Prev
Next
Last

- Click Step 6: Associate Billing Agent

- Note: In this example we have used an FAO enrollment type, if you are an individual or group enrollment type the step number may be different

CHAMPS < My Inbox ▾ Provider ▾

Quick Find Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Facility Modification BPW

NPI: Name:

Close Add

### Billing Agent List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>		05/23/2005	11/30/2008	No			Approved	Active	
<input type="checkbox"/>		11/18/2008	12/31/2999	Yes	05/11/2004	12/31/2999	Approved	Active	
<input type="checkbox"/>		07/01/2013	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		03/27/2013	12/31/2999	No			Approved	Active	
<input type="checkbox"/>		07/21/2014	12/31/2999	No			Approved	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- The screen will then display current and past billing agents that have been associated to the tax ID
- In this example the provider currently has a billing agent associated as well as authorized to receive their 835/ERA

# Resources

- Trading Partner Resources

[Michigan Department of Health & Human Services- Trading Partners](#)

[HIPAA Companion Guides](#)

[Electronic Submission Manual](#)

- For electronic file submission and 835/ERA inquiries

[automatedbilling@Michigan.gov](mailto:automatedbilling@Michigan.gov)

- Provider Support (claim adjudication/reimbursement questions)

[www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

[ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov) or 1-800-292-2550

- Medicaid Training Requests

[Training Requests](#)